

## **Site Accreditation Report – Pennington County Sherriff's Office-Addiction Treatment Services**

**Completed: November 4-6<sup>th</sup>, 2019**

**Levels of Care Reviewed:**

**Substance Use Disorder (SUD) Services**

**Outpatient Services**

**Clinically Managed Low-Intensity Residential Treatment Program (3.1)**

**Clinically Managed Residential Detoxification Program (3.2D)**

**Review Process:** Pennington County Sherriff's Office Addiction Treatment Services was reviewed by the Division of Behavioral Health for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 91.7%**

**Combined Client Chart Review Score: 89.4%**

**Cumulative Score: 89.7%**

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### **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:** The agency's director has an open-door policy to staff members. The agency has open communication with the board of directors. Staff report feeling supported by the leadership team as they encourage the staff to attend trainings and continue in their professional development. The agency has positive community relationships. The agency provides many services to clients while at the facility including detoxification, crisis care, safe solutions, quality of life unit, outpatient and residential substance use disorder treatment.

**Recommendations: None**

#### **Plan of Correction:**

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. The agency's policies and procedures manual should be reviewed and updated to ensure full compliance with requirements of ARSD 67:61:04:01 as many policies still referenced the old ARSD.

2. The contract attachment 1 requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented. Agencies also need a policy for Limited English Proficient (LEP). These policies were not found in review of the policy and procedure manual.
3. The client rights form needs to be updated to reflect ARSD 67:61:06:02. Two of the six guaranteed client rights should be added to the current policy to clearly identify all client rights. The following client rights need to be added:
  - i. To have access to an advocate as defined in subdivision ARSD 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
  - ii. The right to participate in decision making related to treatment, to the greatest extent possible.
4. According to ARSD 67:61:05:01, a two-step Tuberculin skin test for new employees is required, within 14 days of the date of hire and again within the first twelve months of employment. In review of the personnel files, one of the four reviewed were not completed within 14 days of hire.
5. The agency's policies and procedures manual needs to be updated to ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04. The rule defines inactive clients and the timeframe in which case closure is needed. For inactive clients in a residential program the chart needs to be closed within 3 days and in an outpatient treatment program the chart needs to be closed within 30 days. A policy regarding case closure was not found in the policies and procedures manual when reviewed.

## **CLIENT CHART REVIEW SUMMARY**

**Strengths:** In review of the charts, the integrated assessments were organized and concise. The agency uses non-billable or no-show notes which helps tell the story in client charts. The clients interviewed reported feeling welcome, felt staff wanted to help them, and felt the staff put the client first. Engagement and client centered care are priorities for the agency.

### **Recommendations:**

1. According to ARSD 67:61:07:05, integrated assessments shall contain the following:
  - Past or current indications of trauma or domestic violence or both if applicable;

The agency should ensure the above required element is addressed when assessments are completed even when the topic is not applicable to a client, so it is clear that the element was addressed.

2. According to ARSD 67:61:17:05, detoxification monitoring needs to address the type and amount of fluid intake. In review of the charts, the type and amount were reported in cups of fluid intake. It is recommended to describe how many fluid ounces the client is consuming.

**Plan of Correction:**

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:07:08, progress notes should include a brief description of the client's functioning and a brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable. In review of the progress notes, seven out of the 26 charts reviewed did not have a brief assessment of the client's functioning. Eight out of the 26 charts reviewed had the same wording of what the client and provider plan to work on during the next session throughout the entire treatment episode. Each progress note should be individualized throughout the entire chart based on what the client and provider will be working on during the next session. The progress notes were also missing the unique identification number.
2. According to ARSD 67:61:07:07, continued service reviews shall have an individualized plan of action that addresses the reasons for retaining the individual in the present level of care. In review of the charts, eight out of the ten charts reviewed had the same wording for why the client remains in the present level of care.
3. A transfer or discharge summary shall be completed upon termination or discontinuation of services according to ARSD 67:61:07:10. In review of the charts that required a discharge or transfer summary; 11 out of the 25 charts were missing one or more of the following requirements:
  - A transfer or discharge summary completed within five working days;
  - A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;
  - If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.
4. According to ARSD 67:61:07:12, a tuberculin screening for the absence or presence of symptoms shall be conducted within 24 hours of admission into services to determine if the client has had any symptoms within the previous three months. In review of the charts, eight out of 25 charts reviewed were missing documentation the screening was completed within 24 hours after admission to outpatient treatment, clinically-managed low intensity residential treatment, and clinically managed detoxification.
5. According to ARSD 67:61:17:02, when a client is admitted into detoxification services the client's blood pressure, pulse, and respirations needed to be obtained at time of admission. In review of the charts, one out of the ten charts reviewed were missing the blood pressure and pulse and one out of the ten charts reviewed did not have vitals charted at time of admission. Vitals need to be obtained at admission time to ensure the client is in the right level of care.

6. According to ARSD 67:61:17:05, staff shall closely monitor the condition of each client during detoxification and document in the client's case record a blood pressure, pulse, and respiration at time of admission by staff trained to perform these tests, a minimum of two additional times in the first eight hours after admission, or at a greater frequency dependent on the degree of hypertension or hypotension, and at least once every eight hours thereafter. In review of the charts, three out of the ten charts reviewed did not have at least two additional vitals taken within eight hours after admission. Within the three charts that were missing the vitals within 8 hours; two charts reported the client either refused or was sleeping. The client needs to have vitals completed to remain in this level of care.
7. According to Criminal Justice Initiative (CJI) program guidelines documentation of weekly progress reports as well as discharge summaries shall be sent to the probation officer or referral source. In the six charts reviewed, no documentation was found on the weekly progress reports being sent to the referral source. Five of the six charts reviewed did not have documentation that the discharge summary was sent to the referral source.